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Health Care Professionals

Follow these **easy steps** to get coverage and benefits or claim status information faxed to your office 24 hours a day, 7 days a week via Aetna Voice Advantage®:

- Call the appropriate Provider Service Center telephone number:
 - HMO-based and Medicare Advantage plans: 1-800-624-0756
 - All other plans: 1-888-MD-Aetna (1-888-632-3862)
- Enter your tax payer ID number.
- Select “Claim Status” or “Coverage and Benefits” from the main menu.
- Enter the patient’s ID and date of birth.
- Choose “Fax” and input your fax number.

In **just minutes**, you’ll receive a fax that looks similar to the samples below.

Click [here](#) to see what your fax will look like!

Coverage & Benefits:

To get comprehensive information, select “Benefit Details.” You can “speak” the type of benefits you need. For example, “Office Visit-Sick,” “Specialist Office Visit,” “Outpatient Hospital,” “Physical Therapy,” etc. The benefit detail fax lists basic eligibility, but also includes the patient’s copay, deductible, coinsurance, out-of-pocket amount and more.

SAMPLE BENEFIT DETAIL FAX	
Basic Eligibility:	
Call Reference #:	AVX1496411102004
Patient Name:	Sally Smith
Patient ID:	W123456789
Coverage Type:	Medical
Plan Name:	Aetna Choice® POS II
Plan Sponsor Name:	ABC Company
Referral Information:	This plan does not require referrals from the member's primary care physician.
Plan Effective Date:	01/01/2010
Original Effective Date:	01/01/2005
Termination Date:	Not applicable, patient has active coverage.
Group Number:	123456-010-00001
Claim Mailing Address:	PO Box 981106 El Paso, TX, 79998-1106
Benefit Details:	
Service Type Code/Service Type Name:	3 - Specialist Office Visit
Patient Covered:	Yes
In-Network Benefits:	
Copay:	For this service, there's no copay.
Individual Deductible:	\$1500.00
Individual Deductible Remaining:	\$1397.07
Coinsurance Rate (Aetna's Portion):	80% Specialist Office Visit or Evaluation
Individual Coinsurance Limit:	\$4000.00 - Deductible is included in the coinsurance limit.
Individual Coinsurance Limit Remaining:	\$3879.07
Out of Network Benefits:	
Copay:	For this service, there's no copay.
Individual Deductible:	\$1500.00
Individual Deductible Remaining:	\$1397.07
Coinsurance Rate (Aetna's Portion):	80% Specialist Office Visit or Evaluation
Individual Coinsurance Limit:	\$5000.00 - Deductible is included in the coinsurance limit.
Individual Coinsurance Limit Remaining:	\$4879.07

Claim Status:

Simply enter the date of service of the claim status you would like faxed. You'll receive a fax that looks similar to an explanation of benefits (EOB). It will include the claim payment amount, check/EFT date and number, status with remarks and more.

Service Dates	PL	Service Code	Num	Subscribed Charges	Allowable/ Negotiated Amount	Copy	Net Payable	Net Remarks	Subscribable	Consequence	Patient Resp	Payable Amount
01/10/2010-01/10/2010	11	96131-00	1	\$124.00	\$90.00		\$30.00				\$7.00	\$27.00
01/10/2010-01/10/2010	11	96121-00	1	\$140.00	\$96.00						\$8.00	\$88.00
01/10/2010-01/10/2010	11	82041-00	1	\$114.00	\$90.00		\$20.00	1			\$90.00	
Totals				\$368.00	\$276.00		\$30.00				\$16.00	\$126.00

Remarks:
We have paid the maximum allowed by the member's plan of benefits for this service. The balance is the member's responsibility.

Total Patient Responsibility:	\$126.00
Claim Amount Sent to Provider:	\$150.00

Have questions or feedback about Aetna Voice Advantage? Send an e-mail to AVA-Provider@Aetna.com.

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